

COMPLETE AND RETURN TO:

1500 EAST CEDAR AVENUE, SUITE 22
FLAGSTAFF, ARIZONA 86004
Phone: (928) 774-2707

Name _____ Facility Telephone # _____

Facility Name _____ License No. _____

Facility Address _____ City _____ Zip _____

A. I am at least 21 years of age and will accept the primary responsibility for the daily administration and operation of the facility, as I possess the following minimum qualifications: (Check appropriate box.)

CHILD CARE QUALIFYING EXPERIENCE

- | | | | | |
|--------------------------|----|--|-----|--------------------|
| <input type="checkbox"/> | 1. | A high school diploma or high school equivalency diploma and at least six hours of academic course work or 60 hours of documented workshop experience in early childhood education or child development. | AND | Twenty-four months |
| <input type="checkbox"/> | 2. | N.A.C., C.D.A., C.C.P., or C.P.C. Credential. | AND | Eighteen months |
| <input type="checkbox"/> | 3. | A minimum of 24 credit hours from an accredited college or university, including at least six hours of academic course work in early childhood education, child development or closely related field. | AND | Eighteen months |
| <input type="checkbox"/> | 4. | An associate degree in early childhood education, child development or closely related field. | AND | Six months |
| <input type="checkbox"/> | 5. | Bachelor's degree in early childhood education, child development or closely related field. | AND | Three months |

B. Describe briefly and specifically your qualifying experience. Include dates, positions held in relation to child care and responsibilities. (Note: "qualifying experience" means verifiable experience working directly with a group of children during a specified time period in any licensed child care facility, elementary education program, or in fields of nursing, social work, psychology, or other fields related to child growth or development.)

[illegible]

C. Describe briefly your educational background:

	Name and Location	Course of Study	Diploma/GED Date	Credits or Degrees Obtained
High School				
College or University				
Other Educational Facility				
Workshops:				
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
Attach documentation of education AND at least 6 hours of academic course work or 60 hours of workshop experience, or a combination of academic course work and workshop experience. Retain copies of all documentation in Director's File on site.				

D. I have provided the facility with the name, address and telephone number of the following, including at least one written response from each category.

☐ Two (2) professional references; and

☐ Two (2) personal references.

R9-5-402(A).12, "At least 2 personal and 2 professional references, including at least one written personal reference and at least one written professional reference from a previous employer, and documentation of the licensee's good faith effort to contact each reference."

Optional: You may attach additional information such as copies of resume, references, etc.

I hereby declare that the above information is accurate and complete.

Signature of Applicant

Date

